

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	10/564,010
Filing Date	January 11, 2006
First Named Inventor	Richard A. Borman
Art Unit	1614
Examiner Name	Savitha M. Rao
Attorney Docket No.	13849-003 (P018)
Confirmation No.	8896

To: Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above-identified application, and

- ☐ all the practitioners of record.
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s), or
- ☒ the practitioners of record associated with Customer No.: 80711 - Ann Arbor/BHGL

NOTE: The immediately preceding box should only be checked when the practitioners of record in the application were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6)** | |

**Please explain 10.40(c)(6):

CERTIFICATIONS

Check each box below that is factually correct.
WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the timeframe within which the client must respond.

Please provide an explanation, if necessary:

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that is properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer No.:

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OR

B. ☐ Inventor or Assignee Name

Address

City

State

Zip

Country

Tel #

Emai

I am authorized to sign on behalf of myself and all withdrawing attorney(s)/agents(s).

Signature /William R. Boudreaux/

Name William R. Boudreaux

Registration No.

35,796

Address 524 South Main Street, Suite 200

City Ann Arbor

State

MI

Zip

48104

Country USA

Tel #

734-302-6000

Date

July 29, 2009

Note: Withdrawal is effective when approved rather than when received.